

<i>SERFF Tracking Number:</i>	<i>RSLI-127737149</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliance Standard Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50064</i>
<i>Company Tracking Number:</i>	<i>LRS-9401-10-1011</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>group critical illness</i>		
<i>Project Name/Number:</i>	<i>Limitations filing/LRS-9401-10-1011</i>		

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: group critical illness	SERFF Tr Num: RSLI-127737149	State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 50064
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: LRS-9401-10-1011	State Status: Approved-Closed
Filing Type: Form	Author: Richard Vogenitz	Reviewer(s): Rosalind Minor
	Date Submitted: 10/19/2011	Disposition Date: 10/19/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

General Information

Project Name: Limitations filing	Status of Filing in Domicile: Pending
Project Number: LRS-9401-10-1011	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 10/19/2011	
State Status Changed: 10/19/2011	Deemer Date:
Created By: Richard Vogenitz	Submitted By: Richard Vogenitz
Corresponding Filing Tracking Number:	
Filing Description:	
Limitations forms: LRS-9401-10-1011, LRS-9402-7-1011	
Riders: LRS-9469-1011, LRS-9470-1011	

We are submitting the above captioned forms for review and approval.

The Limitations forms replace forms LRS-9401-10-0111 and LRS-9402-7-0111, respectively, which were approved under filing number RSLI-127027846 and state filing number 47961. The forms were revised to clarify our pre-existing

SERFF Tracking Number: RSLI-127737149 State: Arkansas

Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 50064

Company Tracking Number: LRS-9401-10-1011

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: group critical illness

Project Name/Number: Limitations filing/LRS-9401-10-1011

condition provision.

The riders will be attached to any policies issued, if any, before the revised Limitations forms are approved.

Company and Contact

Filing Contact Information

Richard Vogenitz, Senior Compliance Specialist richard.vogenitz@rsli.com
2001 Market Street 800-351-7500 [Phone] 4228 [Ext]
Suite 1500 267-256-3546 [FAX]
Philadelphia, PA 19130-7090

Filing Company Information

Reliance Standard Life Insurance Company	CoCode: 68381	State of Domicile: Illinois
2001 Market Street	Group Code:	Company Type:
Suite 1500	Group Name:	State ID Number:
Philadelphia, PA 19103-7090	FEIN Number: 36-0883760	
(800) 351-7500 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes
Fee Explanation:	\$50 per form X 4 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$200.00	10/19/2011	52977649

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TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	group critical illness		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/19/2011	10/19/2011

<i>SERFF Tracking Number:</i>	<i>RSLI-127737149</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliance Standard Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50064</i>
<i>Company Tracking Number:</i>	<i>LRS-9401-10-1011</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>group critical illness</i>		
<i>Project Name/Number:</i>	<i>Limitations filing/LRS-9401-10-1011</i>		

Disposition

Disposition Date: 10/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>RSLI-127737149</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliance Standard Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50064</i>
<i>Company Tracking Number:</i>	<i>LRS-9401-10-1011</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>group critical illness</i>		
<i>Project Name/Number:</i>	<i>Limitations filing/LRS-9401-10-1011</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Limitations	Approved-Closed	Yes
Form	Limitations	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes

SERFF Tracking Number: RSLI-127737149 State: Arkansas

Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 50064

Company Tracking Number: LRS-9401-10-1011

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: group critical illness

Project Name/Number: Limitations filing/LRS-9401-10-1011

Form Schedule

Lead Form Number: LRS-9401-10-1011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/19/2011	LRS-9401-10-1011	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Limitations	Revised	Replaced Form #: LRS-9401-10-0111 Previous Filing #: 47961	50.000	Limitations_p olicy form.pdf
Approved-Closed 10/19/2011	LRS-9402-7-1011	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Limitations	Revised	Replaced Form #: LRS-9402-7-0111 Previous Filing #: 47961	51.000	Limitations_c ert form.pdf
Approved-Closed 10/19/2011	LRS-9469-1011	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial		56.000	Pre-ex Rider_Policy. pdf
Approved-Closed 10/19/2011	LRS-9470-1011	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial		56.000	Pre-ex Rider_Cert.pd f

LIMITATIONS

[PRE-EXISTING CONDITIONS: The Insured [or Insured Dependent] will be considered to have a Pre-existing Condition and will be subject to a Pre-existing Conditions Limitation if:

- (1) a Critical Illness is diagnosed in the first [twenty-four (24)] months after the Insured's [or Insured Dependent's] effective date; and
- (2) he/she has received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for a Sickness or Injury, whether specifically diagnosed or not, causing or contributing to such Critical Illness, during the [twelve (12)] months immediately prior to the Insured's [or Insured Dependent's] effective date of insurance.

Benefits will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless the Critical Illness is diagnosed after [twenty-four (24)] consecutive months from the Insured's [or Insured Dependent's] effective date of insurance.]

[With respect to persons electing a benefit increase (whether an increase from coverage under a prior plan, if applicable, or under this Policy) any benefit increase will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition until the day following the end of [twenty-four (24)] consecutive months from the effective date of the benefit increase.

The Insured [or Insured Dependent] will be considered to have a Pre-existing Condition and will be subject to the Pre-existing Conditions Limitation due to a benefit increase if:

- (1) the Critical Illness is diagnosed in the first [twenty-four (24)] months after the effective date of the benefit increase; and
- (2) he/she has received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for a Sickness or Injury, whether specifically diagnosed or not, causing or contributing to such Critical Illness, during the [twelve (12)] months immediately prior to the effective date of the benefit increase.]

"Pre-existing Condition" means any Sickness or Injury whether specifically diagnosed or not for which the Insured [or Insured Dependent] received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines, during the [twelve (12)] months immediately prior to such Insured's [or Insured Dependent's] effective date of insurance.

[A Pre-existing Conditions Limitation will not apply to a [Recurrence] [or a Subsequent Occurrence] of a Critical Illness.]

[A Pre-existing Conditions Limitation will not apply to the following Critical Illnesses: [Heart Attack and Stroke]]

LIMITATIONS

[PRE-EXISTING CONDITIONS: You [or your Insured Dependent] will be considered to have a Pre-existing Condition and will be subject to a Pre-existing Conditions Limitation if:

- (1) a Critical Illness is diagnosed in the first [twenty-four (24)] months after you [or your Insured Dependent's] effective date; and
- (2) you [or your Insured Dependent] has received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for a Sickness or Injury, whether specifically diagnosed or not, causing or contributing to such Critical Illness, during the [twelve (12)] months immediately prior to your [or your Insured Dependent's] effective date of insurance.

Benefits will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless the Critical Illness was diagnosed after [twenty-four (24)] consecutive months from your [or your Insured Dependent's] effective date of insurance.]

[With respect to persons electing a benefit increase (whether an increase from coverage under a prior plan, if applicable, or under the Policy) any benefit increase will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition until the day following the end of [twenty-four (24)] consecutive months from the effective date of the benefit increase.

You [or your Insured Dependent] will be considered to have a Pre-existing Condition and will be subject to the Pre-existing Conditions Limitation due to a benefit increase if:

- (1) the Critical Illness is diagnosed in the first [twenty-four (24)] months after the effective date of the benefit increase; and
- (2) you [or your Insured Dependent] have received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for a Sickness or Injury, whether specifically diagnosed or not, causing or contributing to such Critical Illness, during the [twelve (12)] months immediately prior to the effective date of the benefit increase.]

“Pre-existing Condition” means any Sickness or Injury whether specifically diagnosed or not for which you [or your Insured Dependent] received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines, during the [twelve (12)] months immediately prior to your [or your Insured Dependent's] effective date of insurance.

[A Pre-existing Conditions Limitation will not apply to a [Recurrence] [or a Subsequent Occurrence] of a Critical Illness.]

[A Pre-existing Conditions Limitation will not apply to the following Critical Illnesses: [Heart Attack and Stroke]]

RIDER

The Policy to which this Rider is attached is amended as follows:

1. On the Limitations page, the second paragraph is replaced in its entirety by the following:

Benefits will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless the Critical Illness is diagnosed after [twenty-four (24) consecutive months] from the Insured's (or the Insured Dependent's, if applicable) effective date of insurance.

2. On the Limitations page, the third paragraph is replaced in its entirety by the following:

With respect to persons electing a benefit increase (whether an increase from coverage under a prior plan, if applicable, or under this Policy) any benefit increase will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless the Critical Illness is diagnosed after [twenty-four (24)] consecutive months from the effective date of the benefit increase.

This form is attached to and made a part of the Policy.

This Rider is effective [December 1, 2011]. All other terms and conditions of the Policy remain unchanged.

RELIANCE STANDARD LIFE INSURANCE COMPANY



Secretary

RIDER

The Certificate of Insurance to which this Rider is attached is amended as follows:

1. On the Limitations page, the second paragraph is replaced in its entirety by the following:

Benefits will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless the Critical Illness is diagnosed after [twenty-four (24) consecutive months] from your (or your Insured Dependent's, if applicable) effective date of insurance.

2. On the Limitations page, the third paragraph is replaced in its entirety by the following:

With respect to persons electing a benefit increase (whether an increase from coverage under a prior plan, if applicable, or under this Policy) any benefit increase will not be paid for a Critical Illness:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless the Critical Illness is diagnosed after [twenty-four (24)] consecutive months from the effective date of the benefit increase.

This form is attached to and made a part of the Certificate of Insurance.

This Rider is effective [December 1, 2011]. All other terms and conditions of the Certificate of Insurance remain unchanged.

RELIANCE STANDARD LIFE INSURANCE COMPANY



Secretary

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TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	group critical illness		
Project Name/Number:	Limitations filing/LRS-9401-10-1011		

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Flesch Certification	Approved-Closed	Date: 10/19/2011
Comments:		
Attachment:		
Readability_limitations and rider.pdf		

	Item Status:	Status
Satisfied - Item: Application	Approved-Closed	Date: 10/19/2011
Comments:		
Form RSL-8209-0111-AR approved 2/2/11 under RSLI-127001320		

Name of Company: RELIANCE STANDARD LIFE INSURANCE COMPANY

This is to certify that the forms on the attached list (or as described in submission letter) have obtained the score indicated by the Flesch reading ease method.

A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is ____.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are:

<u>Form Number</u>	<u>Form</u>	<u>Flesch Score</u>
LRS-9401-10-1011	Limitations	50
LRS-9402-7-1011	Limitations	51
LRS-9469-1011	Rider	56
LRS-9470-1011	Rider	56

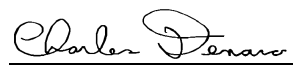
B. Test Option Selected

- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification

A Checked block indicates the standard has been achieved.

- ☒ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separates the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face or otherwise stand out, significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)



Officer's Name
Charles Denaro

Vice President, Secretary and Deputy General Counsel
Officer's Title

Date: October 19, 2011

FGILH-0687